

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Policy Guide 2014.16

**Recording of AFCARS Required Information
CFS 1410, Case Opening/Registration form
CFS 484, Adoption/Guardianship Tracking form
CFS 718-A and CFS 718-B, Authorization for Background Checks**

DATE: December 8, 2014

TO: All DCFS and Private Agency Child Protection and Child Welfare Workers and Supervisors, CAPU Staff and Supervisors, Regional Clerical, Regional Adoption Coordinators and Staff, Licensing Staff and Supervisors, and Licensing Application Clerical Staff and Supervisors.

FROM: Bobbie Gregg, Acting Director *Bobbie Gregg*

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to inform investigation and casework staff of revised requirements in recording Adoption and Foster Care Analysis and Reporting System (AFCARS) required tracking information, including but not limited to, client gender, race, and ethnicity, on the **CFS 1410, CFS 718 A and CFS 718 B**, and subsequently on the **CFS 484** when the permanency goal changes to **Adoption (25)** or **Subsidized Guardianship (26)** in Department data systems such as SACWIS and CYCIS. New CYCIS and SACWIS codes are being added to more accurately reflect personal data gathered by staff and to correctly code when staff is unable to gather specific gender, race and ethnicity information. These new codes are to be used in CYCIS and SACWIS, including but not limited to, when entering and correcting individual information from the **CFS 1410, CFS 718 A and CFS 718 B**, and the **CFS 484** form. These forms have been updated to reflect these changes.

Accurate data collection and recording is critical to child welfare planning, service delivery, internal and external reporting, and funding. Data must be reviewed, verified, collected and, if needed, corrected as early as possible from case opening and throughout the life of the case.

II. PRIMARY USERS

Primary users are DCFS and POS Child Protection Specialists, Child Welfare Staff, their Supervisors and Managers, CAPU Staff and Supervisors, Regional Clerical, Regional Adoption Coordinators and their Staff, Licensing Staff and Supervisors, and Licensing Application Clerical Staff and Supervisors.



III. BACKGROUND

It is widely recognized that data is utilized in child welfare organizations to make decisions, plan for programs and initiatives, measure outcomes and ultimately improve service delivery to children and families. In addition to data used to determine state level planning and service delivery for programs such as State funded adoptions and guardianship services, states are required to periodically provide data to the Administration of Children and Families (ACF) on state programs. Data reported to ACF is used to determine state level compliance with federal measures and to establish program improvement guidelines when improvements are necessary.

AFCARS collects case-level information from state and tribal Title IV-E agencies on all children in foster care and those who have been adopted with Title IV-E agency involvement. Examples of data reported in AFCARS include demographic information on the foster child as well as the foster and adoptive parents, the number of removal episodes a child has experienced, the number of placements in the current removal episode, and the current placement setting. Title IV-E agencies are required to submit the AFCARS data twice a year based on two 6-month reporting periods.

It is the expectation of the Department that critical data collected on children and families served by the Department is accurate and recorded in a timely manner. These instructions are intended to ensure that staff responsible for recording case level data is informed of the requirements for data entry.

IV. CFS 1410, CASE OPENING/REGISTRATION FORM INSTRUCTIONS

Before creating the **CFS 1410**, the following should be completed for each case member on their individual person management screens in **SACWIS** (items listed with * indicate required). Staff shall pay special attention and are responsible for the accurate and full completion of all required data. Please follow the instructions below in order to properly complete the “Gender,” “Primary Race”, and “Ethnicity” fields which have been defined by the Federal government.

a) **Basic information Tab*** Correct spelling of last and first name, middle name if available

1) *** Gender**

Enter the appropriate code for each client listed. CYCIS codes for gender are only a single alpha character.

F = Female
M = Male
UK = Unknown

“UK = Unknown” is to be selected in those instances where the worker is unable to determine the child’s **gender** and **has not** inquired as to the **gender**.

- 2) Date of Birth
- 3) Marital Status & verification, if known
- 4) * US Citizen & Citizenship Verified
- 5) * National Origin (if case member is American citizen, this will be 'Not a National')
- 6) Military Family Member (if known)
- 7) Religion (if known)
- 8) Place of Birth Information
 - A) City, State, if known
 - B) Country
 - C) County
 - D) Verification Code

9) * Primary Race

Enter the client's primary race and any other races that apply (i.e., most applicable or reported by the individual). In the case of young children, the care-giving person provides this information.

- NA = Native American/Alaskan (Indian or Eskimo)
- AO = Asian
- BL = Black/African American
- PI = Native Hawaiian/Pacific Islander
- WH = White
- UK = Unknown
- DI = Declined to Identify
- CV = Could not be Verified

“UK = Unknown” is to be selected in those instances where the worker **has not** inquired as to the **primary race**.

“DI = Declined to Identify” is to be selected in those instances where the worker **does** inquire about the **primary race** and the caller, client or caregiving person declines to provide the information.

“CV = Could not be verified” is to be selected in the instance of an infant or very young child without a means to verify (i.e., caller is unsure the **primary race** of a child seen in a public setting or a child with no adult caregiver present to verify) or in the instance where a worker is unsuccessful in locating an individual.

- 10) Preferred Language
- 11) Interpreter needed, if 10) above is any language other than English
- 12) Other Race, if known
- 13) Other Language
- 14) * Ethnicity**

Ethnicity currently relates only to Hispanic ethnicities. Enter the code that most accurately describes the individual's Hispanic ethnicity. Enter NONE for non-Hispanic individuals.

NH = Not Hispanic (NONE)
HS = Hispanic South American
HM = Hispanic Mexican
HP = Hispanic Puerto Rican
HD = Hispanic Spanish Descent
HC = Hispanic Cuban
HA = Hispanic Central American
HN = Hispanic Dominican
HO = Hispanic Other
UK = Unknown
DI = Declined to Identify
CV = Could not be Verified

“UK = Unknown” is to be selected in those instances where the worker **has not** inquired as to the **ethnicity**.

“DI = Declined to Identify” is to be selected in those instances where the worker **does** inquire about the **ethnicity** and the caller, client or caregiving person declines to provide the information.

“CV = Could not be verified” is to be selected in the instance of an infant or very young child without a means to verify (i.e. caller is unsure the **ethnicity** of a child seen in a public setting or a child with no adult caregiver present to verify) or in the instance where a worker is unsuccessful in locating an individual.

- 15) SSN, enter any known numbers
- 16) AKA, specifically maiden names, other married names and nicknames
- 17) Tribe – ID
- 18) Reservation
- 19) Date SSN Applied for

b) Contact Info Tab

- 1) Phone, any numbers known
- 2) * Address
 - A) Ensure correct residence address is entered and marked as 'Primary'
 - B) Expand all other / older addresses & 'End Date' to remove them from list

V. CFS 718, Authorization for Background Check Forms

The **CFS 718 A, Authorization for Background Check - Foster Care and Adoption** and **CFS 718 B, Authorization for Background Check - Child Care** have been revised to accommodate accurate identification and documentation of race and ethnicity. Prior to submitting the Authorization for Background Check form to the licensing worker or the Central Office of Licensing, as indicated in the instructions, for completion and entry into the BC-03 screen, the licensing or placement/adoption worker must check the form for completeness and accuracy, making sure that the race and ethnicity codes outlined on the form and under Section IV of this Policy Guide have been used correctly.

VI. CFS 484, Adoption/Guardianship Tracking form

When the permanency goal changes to either **Adoption (25)** or **Subsidized Guardianship (26)**, the **CFS 484** must be completed to document various AFCARS requirements established by ACF. The worker having responsibility for developing the adoption or guardianship packet is also responsible for thoroughly completing the **CFS 484**. The responsible worker is to use the gender, race, and ethnicity codes outlined under Section IV of this Policy Guide to capture the accurate data.

The completed **CFS 484** will be submitted to the designated DCFS adoption unit at the point of submitting the adoption or guardianship packet for Department approval.

During the review of the adoption or guardianship packet, the DCFS adoption supervisor will ensure the **CFS 484** is accurately and fully completed.

Following the DCFS adoption supervisor's approval of the adoption or guardianship packet, a copy of the **CFS 484** will be forwarded to the designated adoption clerical for data entry.

VII. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at OCFP – Mailbox. Non Outlook users may e-mail questions to cfpolicy@idcfs.state.il.us.

VIII. ATTACHMENT

CFS 484, Adoption/Guardianship Tracking form (Rev. 12/2014)
CFS718 A and CFS 718 B, Authorization for Background Check (Rev. 12/2014)

IX. FILING INSTRUCTIONS

File this Policy Guide immediately following **Administrative Procedures #5, Child Welfare Case Record Organization & Uniform Recording Requirements.**

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES
ADOPTION/GUARDIANSHIP TRACKING FORM

CASE MANAGER: _____ CASE MANAGER RGN/SITE/FLD: _____

AGENCY NAME: _____

CHILD'S CYCIS INFORMATION

CYCIS #: _____ CHILD'S NAME: _____ RGN/SITE/FLD: _____

CLOSE DATE: _____ CLSE RSN: _____ PRM GOAL: _____

CURRENT PROVIDER ID#: _____ NAME(S): _____ LIVAR: _____

DATE MOTHER'S RIGHTS TERMINATED: _____ DATE FATHER'S RIGHTS TERMINATED: _____

DATE MOTHER SURRENDERED RIGHTS: _____ DATE FATHER SURRENDERED RIGHTS: _____

DATE GUARDIAN BECAME SG: _____ DATE OF NO LEGAL: _____

CM-46

REQUIRED ADOPTION INFORMATION

DATE PETITION FILED FOR TPR: _____ IS THIS AN EXPEDITED ADOPTION? Yes No.

DATE PETITION FILED FOR GUARDIANSHIP: _____ DATE ADOPTION FINALIZED: _____

ADOPT FAMILY PROVIDER ID: _____ DATE OF ADOPT HOME PLCMT: _____

MOTHER MARRIED AT CHILD BIRTH: Yes No Declined

ADOPTIVE PARENT A INFORMATION:

ADOPTIVE PARENT B INFORMATION:

NAME: _____

NAME: _____

DOB: _____

DOB: _____

RACE:

RACE:

- NA = Native American/Alaskan (Indian or Eskimo)
- AO = Asian
- BL = Black/African American
- PI = Native Hawaiian/Pacific Islander
- WH = White
- UK = Unknown
- DI = Declined to Identify
- CV = Could not be Verified

- NA = Native American/Alaskan (Indian or Eskimo)
- AO = Asian
- BL = Black/African American
- PI = Native Hawaiian/Pacific Islander
- WH = White
- UK = Unknown
- DI = Declined to Identify
- CV = Could not be Verified

HISPANIC ORIG Yes No

HISPANIC ORIG Yes No

MARITAL STATUS: MARRIED (MC)
 CIVIL UNION (CU)

SINGLE MOTHER (SM)
 SINGLE FATHER (SF)

ADOPTIVE PARENT(S) ADDRESS

STREET: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

**ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES
ADOPTION/GUARDIANSHIP TRACKING FORM**

CASE MANAGER: _____ CASE MANAGER RGN/SITE/FLD: _____

AGENCY NAME: _____

CM-47

ADOPTION/GUARDIANSHIP SUBSIDY INFORMATION

SPECIAL NEEDS PRIMARY BASIS: _____ ADOPTIVE PARENTS RELATIONSHIP PARENT A: _____

- | | | |
|---|--|---------------------------|
| 1-RACIAL/ORIGINAL BACKGROUND | | PARENT B: _____ |
| 2-AGE | | S-STEPPARENT |
| 3-MEMBERSHIP IN A SIBLING GROUP TO BE PLACED FOR ADOPTION TOGETHER | | R-OTHER RELATIVE OF CHILD |
| 4-MEDICAL CONDITIONS OR MENTAL, PHYSICAL, OR EMOTIONAL DISABILITIES | | F-FOSTER PARENT OF CHILD |
| 5-OTHER | | N-OTHER NON-RELATIVE |

CHILD WAS PLACED FROM: _____ CHILD WAS PLACED BY: _____

- | | | |
|-------------------|-----------------|----------------------|
| 1-WITHIN STATE | 1-PUBLIC AGENCY | 2-PRIVATE AGENCY |
| 2-ANOTHER STATE | 3-TRIBAL AGENCY | 4-INDEPENDENT PERSON |
| 3-ANOTHER COUNTRY | 5-BIRTH PARENT | |

RESOURCE TYPE CODE: _____ AICI NUMBER: _____

- AU-ADOPTIVE HOME-NEW RECRUIT
- FH-FOSTER HOME-CONVERSION
- RH-RELATIVE HOME-CONVERSION
- SG-SUBSIDIZED GUARDIANSHIP
- GU-GUARDIANSHIP

DATE 483-1-SIGNED: _____ DATE PASSED LEGAL SCREEN: _____

DATE OF PARENT A BKGRND CLR: _____ DATE OF PARENT B BKGRND CLR: _____

DATE PKG SUB FOR APVL: _____

DATE SUBSIDY APPRVD: _____

NOTES:

AUTHORIZATION FOR BACKGROUND CHECK for Foster Care & Adoption

READ INSTRUCTIONS ON REVERSE SIDE AND PRINT ALL INFORMATION

CHECK ONE BOX IN EACH COLUMN IN THE APPLICABLE ROW A or B:			
	Category of Facility	Specific Type of Application	Person in the Home
1	A	Foster Care	<input type="checkbox"/> Applicant <input type="checkbox"/> Member of Household (ages 13 to 17)* *Parent/Guardian signature required <input type="checkbox"/> Member of Household (age 18 and over) <input type="checkbox"/> Ward
	B	Adoption	<input type="checkbox"/> For Placement Purposes <input type="checkbox"/> For Adoption Purposes

PERSONAL INFORMATION (Please see additions instructions on the back page)

Last Name/First Name/Middle Initial _____		Social Security or ITIN Number _____ - _____ - _____																									
Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____ _____		I am or will be transporting foster children <input type="checkbox"/> Yes <input type="checkbox"/> No If this statement is yes, list your Drivers License number here: _____ - _____ - _____																									
CURRENT ADDRESS, TELEPHONE (when applicable): Street/Apt.#: _____ City: _____ State: _____ Zip Code: _____ County: _____ Home Telephone (_____) _____ - _____ Cell Phone (_____) _____ - _____		Is this an Illinois Drivers License Number? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
		List all previous addresses for the past five (5) years, including those outside of Illinois. (Street/Apt.#/City/County/State/Zip Code) Dates From/To																									
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Date of Birth (Month/Date/Year)</td> <td style="width:10%;">Age</td> <td style="width:15%;">Place of Birth (City and State)</td> <td style="width:15%;">Citizenship (Country)</td> <td style="width:5%;">Gender</td> <td style="width:5%;">Height Ft. In.</td> <td style="width:5%;">Weight (lbs.)</td> <td style="width:5%;">Hair (color)</td> <td style="width:5%;">Eye (color)</td> </tr> <tr> <td>_____ - _____ - _____</td> <td></td> <td></td> <td><input type="checkbox"/> USA <input type="checkbox"/> Other Specify _____</td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								Date of Birth (Month/Date/Year)	Age	Place of Birth (City and State)	Citizenship (Country)	Gender	Height Ft. In.	Weight (lbs.)	Hair (color)	Eye (color)	_____ - _____ - _____			<input type="checkbox"/> USA <input type="checkbox"/> Other Specify _____	<input type="checkbox"/> M <input type="checkbox"/> F				
Date of Birth (Month/Date/Year)	Age	Place of Birth (City and State)	Citizenship (Country)	Gender	Height Ft. In.	Weight (lbs.)	Hair (color)	Eye (color)																			
_____ - _____ - _____			<input type="checkbox"/> USA <input type="checkbox"/> Other Specify _____	<input type="checkbox"/> M <input type="checkbox"/> F																							
		Have you lived outside of Illinois in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
		Race (Check all that apply)						Ethnicity (see codes on Page 2)																			
		<input type="checkbox"/> Native American/Alaskan (Indian or Eskimo) <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Declined to Identify <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Could not be Verified																									

AUTHORIZATION /CERTIFICATION

3	Have you ever been indicated as perpetrator in a child abuse/neglect investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been convicted of a criminal offense, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No
	I certify that I have read and understood the Authorization/Certification box on the back page of this form.
SIGNATURE _____ DATE _____	
Parent/Guardian Signature (if applicable) _____ DATE _____	

TO BE COMPLETED BY SUPERVISING AGENCY

This authorization form will not be processed without completion of this section. The licensing representative must complete the following

4	Date Fingerprinted: _____	Supervising Agency Name: _____
	Full Name of Facility _____	Provider ID# _____
	Provider ID # _____	Or DCFS Region/Site/Field _____
	Street Address: _____	Name of Worker _____ Worker ID#/Phone Number _____
	City _____ IL ZIP: _____	Name of Supervisor _____ Supervisor ID#/Phone Number _____

BACKGROUND RESULTS AS APPLICABLE

FOR CENTRAL OFFICE OF LICENSING USE

5	Sex Offender Clearance: _____	SID# _____ Clear _____ Record _____
	CANTS Clearance: _____	BC-03 Registered: _____
	Illinois State Police Clearance: _____	FBI Sent Out: _____
	FBI Clearance: _____	Valid Driver's License: Yes _____ No _____
	Transfer Clearances: SO/CANTS: _____ ISP: _____	

WHO SHOULD USE THIS FORM: This form must be completed by every person age 13 or older as part of an application to operate or reside in a foster care home. Every person subject to a background check must complete the first three sections identifying the type of facility and what role they will have at the facility and all personal information. All identifying information must be accurate and complete. The Parent or Guardian's signature is required if background check is for a minor.

ADDITIONAL INSTRUCTIONS FOR SECTIONS 2 AND 3 OF THE FRONT PAGE

Name:	Current and all former names used by the individual must be included. If no other names, write "none."
Social Security, ITIN or Assigned #.	THIS FORM WILL NOT BE PROCESSED WITHOUT A COMPLETE SOCIAL SECURITY, INDIVIDUAL TAXPAYER IDENTIFICATION (ITIN) NUMBER OR DEPARTMENT ASSIGNED NUMBER
Address:	Current and all addresses, including county, where the person has lived in the past five years (Indicate if outside of Illinois)
Race:	Enter all race codes that apply. NA = Native American/Alaskan (Indian or Eskimo) WH = White AO = Asian UK = Unknown BL = Black/African American DI = Declined to Identify PI = Native Hawaiian/Pacific Islander CV = Could not be Verified
Ethnicity:	Enter the primary Ethnicity NH = Not Hispanic (NONE) HA = Hispanic Central American HS = Hispanic South American HN = Hispanic Dominican HM = Hispanic Mexican HO = Hispanic Other HP = Hispanic Puerto Rican UK = Unknown HD = Hispanic Spanish Descent DI = Declined to Identify HC = Hispanic Cuban CV = Could not be Verified

ADDITIONAL INSTRUCTIONS FOR SECTIONS 4 OF THE FRONT PAGE

Instruction for Left Side -		Instructions for Right Side -	
Name of Facility:	The full name which appears on the license application or the license. (DO NOT USE ACRONYMS)	Supervising Agency:	Print the name and Provider ID# of Agency which will supervise the facility
Provider ID #:	The Provider ID. (The number which appears on the license certificate for the facility. Initial Applications will be assigned # by Background Check Unit.)	Provider ID #:	
Street/City/Zip:	The site of licensed facility where person is licensed or employed.	DCFS Region/Site/field:	The DCFS Region/Site/Field.
		Name of the Worker:	Name, ID and phone of the worker
		Name of the Supervisor:	Name, ID and phone of the supervisor

The Authorization for Background Check must be submitted to the worker for completion of Section 4 and for forwarding to the DCFS pertinent Background Check Unit. The worker must check the form for completeness and accuracy, confirm that the person (if age 18 or older) has been fingerprinted, and verify the correct spelling of names alongside a form of identification, such as a driver's license or photo ID.

AUTHORIZATION/CERTIFICATION

I authorize the Illinois Department of Children and Family Services to conduct an investigation to determine whether I have ever been charged with a crime and, if so, the disposition of those charges. I authorize the Department to request information and assistance from the U.S. Justice Department and the Illinois Department of Law Enforcement in the conduct of this investigation. I authorize the Department to periodically search child abuse and neglect history reports to determine whether I have been a perpetrator of an "indicated" incident of child abuse or neglect pursuant to the Abused and Neglected Child Reporting Act. If I am applying for a foster home license, I authorize the Department of Children and Family Services to obtain information from those entities to which I had applied for license or supervision of license, regarding licensing violations or removal of children from my home. If I am or will be a member of a foster family household and will be transporting foster children, I authorize the Department to conduct periodic checks of my driver's license and driving record through the Secretary of State. The child abuse and neglect background check and the criminal history investigation may be used for considering placement of a related child or an application for licensure. Persons 13-17 years of age signing this form authorize a search of CANTS and LEADS only and are not subject to fingerprinting.

I understand that information obtained as a result of my authorizing this investigation is confidential but may be shared with the child placing worker or the licensing applicant for whom my background check is required or with authorized licensing staff in accordance with applicable state and federal law and DCFS Regulations. I further certify that the information provided on this form is true and correct. I acknowledge that falsification of any information provided above and/or the results of the background check may be full and sufficient grounds to deny the application for licensure.

Should you feel that the information on your Illinois State Police record or Federal Bureau of Investigation record is incorrect you may visit: <http://www.ilga.gov/commission/jcar/admincode/020/02001210sections.html> for the ISP and <http://www.fbi.gov> for FBI.

AUTHORIZATION FOR BACKGROUND CHECK for Child Care

READ INSTRUCTIONS ON REVERSE SIDE AND PRINT ALL INFORMATION

CHECK ONE BOX IN EACH COLUMN IN EITHER ROW A or B:			
	Category of Facility	Specific Type of Application	Person in the Home/Facility
1	A Child Care in the Home Licensed/Applying for	<input type="checkbox"/> Day Care Home <input type="checkbox"/> Group Day Care Home	<input type="checkbox"/> Applicant <input type="checkbox"/> Member of Household (ages 13 to 17)* *Parent/Guardian signature required <input type="checkbox"/> Member of Household (age 18 and over) <input type="checkbox"/> Employee/Volunteer <input type="checkbox"/> Ward
	B Child Care Facility (other than a home) Licensed/Applying for	<input type="checkbox"/> Child Welfare Agency <input type="checkbox"/> Youth Emergency Shelter <input type="checkbox"/> Day Care Center <input type="checkbox"/> Group Home <input type="checkbox"/> Day Care Agency <input type="checkbox"/> Child Care Institution/Maternity Center	<input type="checkbox"/> Applicant/Operator (Person applying to operate a licensed child care facility) <input type="checkbox"/> Executive Director <input type="checkbox"/> Employee/Volunteer

PERSONAL INFORMATION (Please see additions instructions on the back page)

2	Last Name/First Name/Middle Initial _____			Social Security or ITIN Number _____ - _____ - _____						
	Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____			List all previous addresses for the past five (5) years, including those outside of Illinois. (Street/Apt.#/City/County/State/Zip Code) Dates From/To						
	CURRENT ADDRESS, TELEPHONE (when applicable): Street/Apt.#: _____									
	City: _____ State: ____ Zip Code: _____ County: _____ Home Telephone (_____) _____ - _____ Cell Phone (_____) _____ - _____									
	Date of Birth (Month/Date/Year) _____ - _____ - _____			Age _____	Place of Birth (City and State) _____	Citizenship (Country) <input type="checkbox"/> USA <input type="checkbox"/> Other Specify _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Height Ft. In. _____	Weight (lbs.) _____	Hair (color) _____
<input type="checkbox"/> Native American/Alaskan (Indian or Eskimo) <input type="checkbox"/> Asian			Race (Check all that apply) <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander			<input type="checkbox"/> White <input type="checkbox"/> Unknown		<input type="checkbox"/> Declined to Identify <input type="checkbox"/> Could not be Verified		Ethnicity (see codes on Page 2)

AUTHORIZATION /CERTIFICATION

3	Have you ever been indicated as perpetrator in a child abuse/neglect investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been convicted of a criminal offense, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No
	I certify that I have read and understood the Authorization/Certification box on the back page of this form.
SIGNATURE _____ DATE _____	
Parent/Guardian Signature (if applicable) _____ DATE _____	

4	TO BE COMPLETED BY SUPERVISING AGENCY	
	This authorization form will not be processed without completion of this section. The licensing representative must complete the following	
	Date Fingerprinted: _____	Supervising Agency Name: _____
	Full Name of Facility _____	Provider ID# _____
	Provider ID # _____	Or DCFS Region/Site/Field _____
Street Address: _____	Name of Worker _____ Worker ID#/Phone Number _____	
City _____ IL ZIP: _____	Name of Supervisor _____ Supervisor ID#/Phone Number _____	

5	BACKGROUND RESULTS AS APPLICABLE		FOR CENTRAL OFFICE OF LICENSING USE	
	Sex Offender Clearance: _____	CANTS Clearance: _____	SID# _____ Clear _____ Record _____	
	Illinois State Police Clearance: _____	FBI Clearance: _____	BC-03 Registered: _____	
	Transfer Clearances: SO/CANTS: _____ ISP: _____		FBI Sent Out: _____	

WHO SHOULD USE THIS FORM: This form must be completed by every person age 13 or older as part of an application to operate or reside in a child care facility, or be employed by or volunteer at a day care or group day care home. Every person subject to a background check must complete the first three sections identifying the type of facility and what role they will have at the facility and all personal information. All identifying information must be accurate and complete. The Parent or Guardian's signature is required if background check is for a minor.

ADDITIONAL INSTRUCTIONS FOR SECTIONS 2 AND 3 OF THE FRONT PAGE

Name:	Current and all former names used by the individual must be included. If no other names, write "none."
Social Security, ITIN or Assigned #.	THIS FORM WILL NOT BE PROCESSED WITHOUT A COMPLETE SOCIAL SECURITY, INDIVIDUAL TAXPAYER IDENTIFICATION (ITIN) NUMBER OR DEPARTMENT ASSIGNED NUMBER
Address:	Current and all addresses, including county, where the person has lived in the past five years (Indicate if outside of Illinois)
Race:	Enter all race codes that apply. NA = Native American/Alaskan (Indian or Eskimo) WH = White AO = Asian UK = Unknown BL = Black/African American DI = Declined to Identify PI = Native Hawaiian/Pacific Islander CV = Could not be Verified
Ethnicity:	Enter the primary Ethnicity NH = Not Hispanic (NONE) HA = Hispanic Central American HS = Hispanic South American HN = Hispanic Dominican HM = Hispanic Mexican HO = Hispanic Other HP = Hispanic Puerto Rican UK = Unknown HD = Hispanic Spanish Descent DI = Declined to Identify HC = Hispanic Cuban CV = Could not be Verified

ADDITIONAL INSTRUCTIONS FOR SECTIONS 4 OF THE FRONT PAGE

Instruction for Left Side -		Instructions for Right Side -	
Name of Facility:	The full name which appears on the license application or the license. (DO NOT USE ACRONYMS)	Supervising Agency:	Print the name and Provider ID# of Agency which will supervise the facility
Provider ID #:	The Provider ID. (The number which appears on the license certificate for the facility. Initial Applications will be assigned # by Background Check Unit.)	Provider ID #:	
Street/City/Zip:	The site of licensed facility where person is licensed or employed.	DCFS Region/Site/field:	The DCFS Region/Site/Field.
		Name of the Worker:	Name, ID and phone of the worker
		Name of the Supervisor:	Name, ID and phone of the supervisor

The Authorization for Background Check must be submitted to the worker for completion of Section 4 and for forwarding to the DCFS pertinent Background Check Unit. The worker must check the form for completeness and accuracy, confirm that the person (if age 18 or older) has been fingerprinted, and verify the correct spelling of names alongside a form of identification, such as a driver's license or photo ID.

AUTHORIZATION/CERTIFICATION

I authorize the Illinois Department of Children and Family Services to conduct an investigation to determine whether I have ever been charged with a crime and, if so, the disposition of those charges. I authorize the Department to request information and assistance from the U.S. Justice Department and the Illinois Department of Law Enforcement in the conduct of this investigation. I authorize the Department to periodically search child abuse and neglect reports to determine whether I have been a perpetrator of an "indicated" incident of child abuse or neglect pursuant to the Abused and Neglected Child Reporting Act. The child abuse and neglect background check and the criminal history investigation may be used for considering an application for license, current or prospective employment, or service as a volunteer in a child care facility. Persons 13-17 years of age signing this form authorize a search of CANTS and LEADS only and are not subject to fingerprinting.

I understand that information obtained as a result of my authorizing this investigation is confidential but may be shared with my employer, prospective employer, the licensing applicant for whom my background check is required or with authorized licensing staff in accordance with applicable state and federal law and DCFS Regulations. I further certify that the information provided on this form is true and correct. I acknowledge that falsification of any information provided above and/or the results of the background check may be full and sufficient grounds to deny the application for licensure or may result in the termination of my employment.

Should you feel that the information on your Illinois State Police record or Federal Bureau of Investigation record is incorrect you may visit: <http://www.ilga.gov/commission/jcar/admincode/020/02001210sections.html> for the ISP and <http://www.fbi.gov> for FBI.